

No. 2
1-4-41
5-17-39
I X2630

State File No.

Registrar's No. 90

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County:
(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution:
(Specify whether
In this community:
years, months or days)

3. (a) PRINT FULL NAME: Joseph Collins
3. (b) If veteran, name war: No.
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: Single
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: UNKNOWN
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 ? ? hr. min.

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Unknown

11. Industry or business:

12. Name: Unknown

13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Nora Gruenewald

(b) Address: 2901 Barrett St.

17. (a) Burial (b) Date thereof: 1-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Ave.

19. (a) 1942 (b) J. F. Brudack
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: UNKNOWN
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 1
year: 1942 hour: 12 minute: 45 AM.

21. I hereby certify that I attended the deceased from
....., 19..... to, 19.....;
that I last saw him alive on
and that death occurred on the date and hour stated above.

*Posterior hemorrhage from lacerated
lungs fracture of the ribs and
compound fracture of right leg
when struck by a automobile
driven by Capt. Marshall at
Broadway and Carondeau St
about 1:30 AM Jan 1, 1942*

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 170 C-8

Of autopsy: 21

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accident

(b) Date of occurrence: 1/1/42

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place) (e) Means of injury:

23. Signature: Thomas T. Callahan (M. D. or other)

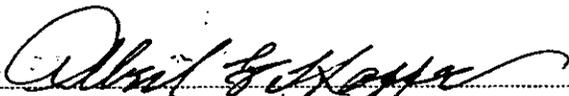
Address: Ray Cursons Date signed: 1-5-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed: 

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.